

COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventors we hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We believe we are the original, first and sole inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled MN/CA IX and Cancer Prognosis, the application for which was filed on October 18, 2004 at PCT International Application No. PCT/US2004/034573.

We hereby state that we have reviewed and understand the contents of the above-identified specification, including claims.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56.

We hereby claim the benefit under Title 35, United States Code, Section 120 of the United States application listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>60/511,832</u>	<u>October 16, 2003</u>	<u>Abandoned</u>
Application No.	Filing Date	Status

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

			Priority claimed	
			Yes	No
<u>PCT/US2004/034573</u>	<u>PCT</u>	<u>October 18, 2004</u>	<u>/X/</u>	<u>/ /</u>
Application No.	Country	Filing Date		

**POWER OF ATTORNEY:**

As the named inventors, we hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name Reg. No.  
Leona L. Lauder 30,863

Please send all correspondence to:

Leona L. Lauder  
Attorney at Law  
235 Montgomery Street, Suite 1026  
San Francisco, CA 94104-3008

Please direct all telephone calls to:

Leona L. Lauder  
(415) 981-2034

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<u>Matthias Ebert</u> Full Name of Inventor	<u>Signature</u>
<u>Magdeburg, Germany</u> Residence (City, State or Foreign Country)	<u>Date</u>
<u>Lentkestrasse 47</u> <u>D-39116 Magdeburg, Germany</u> Postal Address (Street, City, State, Zip)	<u>Germany</u> <u>Citizenship</u>

Christoph Röcken  
Full Name of Inventor

\_\_\_\_\_  
Signature

Magdeburg, Germany  
Residence (City, State or Foreign Country)

\_\_\_\_\_  
Date

Brunnerstrasse 24  
D-39112 Magdeburg, Germany  
Postal Address (Street, City, State, Zip)

Germany  
Citizenship

Silvia Pastorekova  
Full Name of Inventor

\_\_\_\_\_  
Signature

Stupava Slovakia  
Residence (City, State or Foreign Country)

\_\_\_\_\_  
Date

Na Kopcoh 9  
900 31 Stupava, Slovakia  
Postal Address (Street, City, State, Zip)

Slovakia  
Citizenship

Jan Zavada  
Full Name of Inventor

\_\_\_\_\_  
Signature

Prague, Czech Republic  
Residence (City, State or Foreign Country)

\_\_\_\_\_  
Date

Na pekne vyhlidce 1  
16200 Prague, Czech Republic  
Postal Address (Street, City, State, Zip)

Czech Republic  
Citizenship

Jaromir Pastorek  
Full Name of Inventor

\_\_\_\_\_  
Signature

Stupava Slovakia  
Residence (City, State or Foreign Country)

\_\_\_\_\_  
Date

Na Kopcoh 9  
900 31 Stupava, Slovakia  
Postal Address (Street, City, State, Zip)

Slovakia  
Citizenship